

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator McKenzie Methane Corporation		Well API No. 30-045-28423
Address 1625 Broadway, Ste 2580, Denver Colorado 80202		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Other (Please explain) ☐
Recompletion ☐		
Change in Operator ☒		
If change of operator give name and address of previous operator Quintana Petroleum Services, 601 Jefferson Street Cullen Center, Houston TX 77253		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Frost	Well No. 502	Pool Name, including Formation Basin, FT Coal	Kind of Lease State ☒ Federal ☐ or Fee
Location Unit Letter M : 1005 Feet From The S Line and 1225 Feet From The W Line Section 25 Township 27 North Range 10 West NMPM, San Juan County	Lease No. NM 03198		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected? Yes When? 11/21/91	

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v
			Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE		

V. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL		OIL CONSERVATION DIVISION	
Actual Prod. Test - MCF/B	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Frank W. Nessinger, Vice President

Printed Name
12/23/93 Title
(303) 629-6699
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 27 1993**

By **Supervisor**
Tillo **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-101 must be filed for each pool in multiply completed wells.